Political Organization Notice of Section 527 Status

OMB No. 1545-1693

ternal Revenue Service			
Part I General Information			
Name of organization	AN GUIN -1	10	Employer identification number 39 1995732
15SUE HDVOCA Mailing address (P.O. Box or number,	street, and room or suite nur	mber)	131:1913136
4801 FOREST	- RUN RD	SUITE 201	
City or town, state, and ZIP code	53704	」 -フススワ	
MAO ISON W 3 E-mail address of organization	7911CC 11	77557	
wca.059			
4a Name of custodian of records	48	dian's address O FOREST RUA	J RO, SUITE 201
WILLIAM E MA		ladison wi	53704-7337
5a Name of contact person	49	ct person's address 801 FOREST RUN	RO SUITE 201
WILLIAM E. MAC	1 1		53704-7337
6 Business address of organization (if di	fferent from mailing address	shown above). Number, street, and	room or suite number
City or town, state, and ZIP code			
Part II Purpose 7 Describe the purpose of the organization	ion		DECENTED IN CORDE
Describe the purpose of the organization	1011		RECEIVED IN CORRE
Association's point of v	view, including directly	nd will be used for the purpo or indirectly attempting to inf	fluence the election of
Part III List of All Related Ent	ities (see instructions)		
8a Name of related entity	8b Relationship	8c Address	
UISCONSIN REACTORS	ONNECTED		RUN RO, SUITE 2
ASSN	(3)0/3	MADISON 1	w 53704-73 <i>3</i> 7

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y Compensated Employees (see instructions)	fficers, Directors, and Highl	art IV List of All Offi
9c Address	9b Title	Name
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med in Dort Lie to be treated on an arganization deposits of in action 507 of the Lie	parium, I doolors that the assessment of	Hadar acastics of ex-
med in Part I is to be treated as an organization described in section 527 of the Internal ng accompanying schedules and statements, and to the best of my knowledge and belief,	perjury, a deciare that the organization has I that I have examined this notice libeliadii	Revenue Code, and the
5 - 1 y 5 11 111 1 State and the second of the second of the second	nd complete.	it is true, correct, and
\ <u>7-21-00</u>	111	4-
	CON	gn Signature of all
Date	authorized official	nn : F